

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/597977

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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11						
12						
13						
14						
15						
16						
17						
18						
19	0					
20			1			
21						
22	2					
23			1			
24						
25	2		1			
26			1			
27	2					
28	2					
29						
30						
31	2					
32			1			
33						
34	2					
35			1			
36						
37	2					
38	2					
39						
40						
41	0					
42	0					
43	0					
44	0		1			
45						
46	0					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		0				
53		0				
54		0				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						